

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nview Health, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard L. Brooks II, Esq.

Name of Person

St. Augustine Law Group, PA

Firm/Company

320 High Tide Dr. STE 101

Address

St. Augustine, FL 32080

City/State and Zip code

rich@staugustinelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard L. Brooks II, Esq.

904 325-9863
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

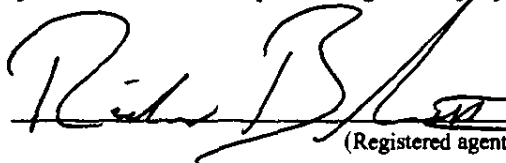
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Nview Health, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 81-3084995
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/29/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 616 Santa Teresa Ct., St Augustine, FL 32095
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: St. Augustine Law Group, PA
- Office Address: 320 High Tide Dr. STE 101
- St. Augustine, Florida 32080
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 Attorney, St. Augustine Law Group, PA
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
2011 APR -6 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas R. Young, MD

Address: 616 Santa Teresa Ct.

St. Augustine, FL 32095

Vice Chairman: David Schuster

Address: 6231 189th Place NE #101

Redmond, VA 98052

Director: David Sheehan

Address: 611 Warran Rd.

Lutz, FL 33548

Director:

Address:

B. OFFICERS

President: Thomas R. Young, MD

Address: 616 Santa Teresa Ct., St. Augustine, FL 32095

Vice President: David Schuster

Address: 6231 189th Place NE #101, Redmond, VA 98052

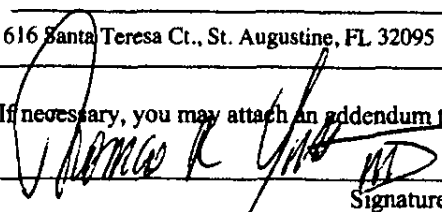
Secretary: David Schuster

Address: 6231 189th Place NE #101, Redmond, VA 98052

Treasurer: Thomas R. Young, MD

Address: 616 Santa Teresa Ct., St. Augustine, FL 32095

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Thomas R. Young, MD - President/Director

(Typed or printed name and capacity of person signing application)

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2017 APR -6 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NVIEW HEALTH, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D.
2017.

FILED
2017 APR -6 PM 2:43
CLERK OF STATE
TALLAHASSEE, FLORIDA



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SR# 20172153480

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202302334

Date: 03-31-17